

CAMP SPRINGVILLE 2018

Mount Laurel, summer day camp provides a safe, nurturing, enjoyable environment for children who are entering kindergarten through 5th grade as of September 2018. Our staff is CPR certified. Camp includes an art program, sports, indoor and outdoor activities, clubs, weekly themed events, field trips, and special programs at no extra cost. Lunch is not provided. Parents provide transportation to and from Camp Springville. **Camp Springville hours are full day 8:30 am – 3:00 pm; half day 8:30 am – 12:30 pm; before/after care is no additional cost. Before care begins at 7:30 am; after care ends at 5:30 pm.**

Location: Springville Elementary School (**operated by Mount Laurel Township**)
520 Hartford Road
Mount Laurel, NJ 08054

Dates: Monday through Friday- June 25, 2018 through August 17, 2018 (Closed July 4, 2018)
** May change due to Mt. Laurel Schools Last Day

Fee: The early registration price of \$900.00 per child for full day/\$550.00 per child for half day, must be received in the office by 3:00 pm on April 30, 2018. Registration received after April 30th the cost will be \$1,000.00 per child for full day/\$600.00 per child for half day.

****additional camper registration \$25 off Full Day, \$25 off Half Day**

All registrations received must have full payment, we cannot accept payments for any registrations.

Mount Laurel Township
Attn: Parks & Recreation Department
100 Mount Laurel Road
Mount Laurel, NJ 08054

Cancellations: After June 1, 2018, no refunds will be issued. Camp Springville regrets that **we do not prorate tuition based on student attendance or vacations.**

Payments: If you have questions about Camp Springville, please contact the Parks and Recreation Department at 856-234-0001

At Camp Springville, we seek to provide a safe, fun environment where all children are respected and have equal opportunity for participation. In the interest of that goal, Camp Springville reserves the right to refuse admittance or dismiss from camp any person who presents a risk of harm to themselves or others by exhibiting behavior that is disruptive, inappropriate or unsafe. If your child becomes ill, injured, or presents a danger to themselves or others during the camp day and needs to be picked up, you or a person identified as your emergency contact will be notified immediately.

The Mount Laurel Township School District has a board policy concerning Harassment, Intimidation and Bullying. You may refer to the school district website to locate Board Policy #5131.1 for additional information and details. This policy pertains to all campers. Should you have any questions or concerns, please contact parks and recreation at 856-234-0001.

CAMP SPRINGVILLE REGISTRATION 2017

Make checks/money orders payable to: **Mount Laurel Township**

Mail Payments to:

Mount Laurel Township
Parks & Recreation Department
100 Mount Laurel Road
Mount Laurel, NJ 08054

REGISTRANT NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

CELL PHONE:

EMAIL ADDRESS: _____

CAMP SPRINGVILLE T-SHIRT (PLEASE CIRCLE ONE) – CHILD SMALL CHILD MEDIUM CHILD LARGE
CHILD X-LARGE ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT X-LARGE
(T-shirt size must be accurate)

CHILD'S SHOE SIZE _____

GRADE OF CHILD FOR THE 2018-2019 SCHOOL YEAR: _____

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If your child becomes ill, injured, or presents a danger to themselves or others during the camp day and needs to be picked up, you or a person identified as your emergency contact will be notified immediately. _____ (Initial)

The Mount Laurel Township School District has a board policy concerning Harassment, Intimidation and Bullying. You may refer to the school district website to locate Board Policy #5131.1 for additional information and details. This policy pertains to all campers. Should you have any questions or concerns, please contact your child's staff and/or my office if you suspect you may have an allegation to report. _____ (Initial)

List names of either living parent(s) or legal guardian(s). Indicate relationship if person is not child's parent. Indicate which parent should be contacted first in the event of an emergency.

Please Print	First <input type="checkbox"/> Mother/Guardian Info.	First <input type="checkbox"/> Father/Guardian info.
Name		
Address		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Parent to Contact First		
Custodial Restrictions	If yes, indicate:	If yes, indicate:
Email for Weekly Reminder		

Check which sessions your child will be attending

- EARLY DROP-OFF** – 7:30 AM to 8:30 AM
- FULL DAY** – 8:30 AM to 3:00 PM (full day campers must bring a snacks and packed lunch. Sunscreen must be applied every day.
- AFTER CARE**- 3:00 PM to 5:30 PM (an afternoon snack is strongly suggested)
- HALF DAY** – 8:30 AM – 12:30 PM

List names of two individuals who are authorized to pick up your camper in addition to the parents in the event of an emergency.

Please Print	Contact #1	Contact #2
Name		
Address		
Relationship to Camper		
Cell Phone		

HEALTH & MEDICAL RECORDS
MOUNT LAUREL TOWNSHIP EDUCATIONAL/RECREATION SUMMER PROGRAM

***Our Camp is unable to provide one on one aids**

Please list any problems/characteristics/comments/special in camp care that will enable us to work more effectively with your child:

Please list any medical conditions your child is subject to, or has a history of:

Please indicate if your child is taking any medication(s): If so, list medication(s):

Please list allergies, including food, medication(s), and environmental:

Please list any known conditions that may require emergency or special care:

Please indicate if your child is physically restricted to participate in any activity: (Yes) or (No) Explain:

Any additional information that the camp would need to know about your child:
